To: HIT Policy Committee Accountable Care Workgroup

From: Kristine J. Gates, JD

CEO, Health Endeavors

Re: Testimony for Panel 4: Vendors/Service Providers Enabling Accountable Care

Thursday, December 5, 2013

Panelist Background & Company Overview:

Kris Gates, CEO of Health Endeavors, is the primary architect of the Health Endeavors software product suite. Kris earned her *juris doctor* from Creighton University School of Law with *cum laude* recognition. In addition to her software product development experience, Kris has provided legal services in private practice and served as corporate counsel to several large nonprofit healthcare systems, including Banner Health (Arizona and Colorado), Alegent Health (Nebraska) and Norton Healthcare (Kentucky).

Using her extensive healthcare experience gained in both the business and legal sectors, Health Endeavors developed a suite of software products to assist healthcare providers with the management and utilization of administrative and clinical data. The web-based software product suite includes Conflict of Interest, Contract & Entity Manager, Non-Monetary Comp Tracker, Physician Hours Manager, Survey & Assess Tool and Training Center.

In 2010 Health Endeavors spearheaded the effort to develop software specifically for the Medicare Shared Savings Program (MSSP) ACOs, including an ACO Claims Data Center, GPRO Quality Measures Collection & Reporting Tool, NPI Spending Ticker, DRG Watch and Population Analytics. Recently, the Health Endeavors ACO product suite expanded into the commercial payor market and includes quality programs between providers/Aetna and providers/BCBS.

Health Endeavors currently licenses such software products to Pioneer ACOs, MSSP ACOs, Independent Physician Associations, 300+ Hospitals, Physician Group Practices and Commercial Payor Plans (BC/BS, Aetna),

Questions for Panel 4

Vendors/Service Providers Enabling Accountable Care

1. What are the high-priority strategies you are seeking to enable in order to help organizations and providers reduce costs and improve quality under accountable care arrangements in the near term?

   A. Complete the implementation of our educational series "Building an ACO Claims Reduction Program" utilizing web-based ACO population claims data analytics.

   B. Provide immediate scoring of the ACO GPRO Quality Measures completed and conducted in the outpatient office setting. For example, a score will be immediately available upon completion of the GPRO quality measures questionnaire to assist providers with score improvement over the course of the calendar year. Providers will immediately understand and have the ability to obtain training on what qualifies as a "performance" and "non-performance" response for each quality measure.

   C. Launch an effort to connect with nursing schools on standardized care plans used in teaching protocols. Nursing schools have an abundance of resources and expertise that are currently under-utilized.

   D. Pursue opportunities to engage home health agencies as health coaches, support groups and medication consultants. Implement a strategy of physical locations for patients to connect with qualified home health nurses.

   E. Review potential engagements with occupational health departments to assist with the instruction of domestic tasks for the patient to regain independence and functionality.

   F. Encourage physicians/providers to create and send customized patient surveys to illicit "care gaps". This would be better than telephone calls from care managers who do not know the patient and would enhance patient engagement with the provider.

   G. Enhance patient engagement strategies after quality measures score is completed. For example, populate the patient quality measures score for the patient to review the goals to achieve a higher score.

   H. Require descriptive provider responses to the ACO for patient alerts for (i) ER visits; (ii) hospital admissions; (iii) MRI events; (iv) CT scans; or (v) failure of patient to follow medication protocols.

2. What are the major challenges you face in developing products that meet provider needs?

The major challenge for our company is recruiting experienced and qualified computer programmers, web developers, database analysts, quality assurance and business analysts in the current marketplace. We currently provide free education for all new and current employees to develop their technology skills as the current market is lacking in experienced and qualified candidates. In addition, recruiting individuals that understand healthcare regulation is a challenge. We need to collectively increase education in the healthcare technology and regulatory arena.

3. What steps can be taken to promote more seamless movement of health data between EHRs and other applications that may be supporting HIT capabilities for accountable care?

A. Institute standard data set protocols and programming language requirements for EHRs that seek ONC certification.

B. Require EHRs to share data on a server (cloud) basis rather than a data extraction basis. For example, once the proper documents are executed, another vendor should have access to the data on a server (cloud) owned and/or operated by the healthcare provider. Most state laws mandate the record is owned by the patient, however direct access to the data is limited and/or denied by the EHR vendors.

4. How are you addressing challenges associated with integrating claims and clinical data to support the business intelligence needs of ACOs? Do you expect market trends will succeed in making these capabilities available to a wide range of organization types in the near future?

A. Health Endeavors has already been extremely successful in integrating claims and clinical data with the GPRO quality measures data. Yes, market trends and healthcare provider demands will lead to the increased sharing of data. Yes, costs have been reduced substantially, due to technology advancements in servers and storage so capabilities can be utilized by all organizations regardless of financial strength. EHRs will need further enforcements to reduce these challenges (see #3 response above)

B. All ACOs need access to the de-identified claims data. For example, all ACOs must receive de-identified claims data to conduct population analytics for the implementation of quality of care/coordination programs for specific disease groups.

5. How can the HIT infrastructure supporting providers move towards greater task interoperability that supports seamless workflow across clinicians?

   A. EHRs will need further enforcements to reduce these challenges (see #3 response above)

   B. Providers need single sign-on and active directory capabilities to access all purchased programs upon one login. To enhance workflow for clinicians we must require single sign-on and other capabilities of all vendors.

6. How can HHS increase data liquidity to support the health information exchange needs of accountable care entities? Are there additional interoperability standards necessary to support critical capabilities for accountable care? How should ONC approach improving discrete data standards rather than/in addition to document-based data standards (e.g. continuity of care documents)?

   A. Yes, ONC should approach improving discrete data standards rather than the Community of Care Documents. We need (i) a standard data sharing language enforced by ONC for all vendors; (ii) data availability in such standard language enforced by ONC for all vendors; and (iii) server (cloud) based availability of such data for all vendors.

7. Would voluntary certification of HIT applications around a set of population health management functions improve market offerings to support accountable care arrangements? If so, what capabilities and tasks would you like to see certified under such a program?

   A. Yes, voluntary certification of such applications would be beneficial. Capabilities to be certified at different levels may include:

Beneficiary Registry/Database
Data Sharing Preferences Electronic Collection & Reporting Tool
Automated Process for Monthly CMS MFT DPREF File Upload
GPRO Collection, Reporting & Scoring
Provider Progress Reports
Beneficiary Claims Analysis & Report Center

DRG Watch

NPI Ticker
Medicare Population Analytics
Benchmark Predictability
Provider Communications & Training

Claims Reduction Program

Quality Measures Training
Compliance Program

Conflict of Interest Reporting

8. Besides the double weighting of EHR Meaningful Use as a quality measure, are there other ways the Medicare Shared Savings Program should encourage adoption and effective use of health IT and information exchange among participating ACOs (e.g. application requirements, additional weighting of Meaningful Use transition of care measures, requirement of MU Stage 2 among a proportion of providers in ACO network in year 2 or 3)?

   A. The double weighting of EHR Meaningful Use has been insignificant in encouraging the adoption of health IT due to the limitations of EHR vendors.

   B. Enforcement of EHRs vendors on the collection and format of data would prove more beneficial to healthcare providers in the collection and reporting of data efforts.